DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

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As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am th	ne original, first and sole i	
and for which a	nventor (if plural names ar patent is sought on the in	nventor (if only one name is listed below) or an original, e listed below) of the subject matter which is claimed vention entitled:
	Modular System for	Customized Orthodontic Appliances
the specification	n of which is attached here	eto unless the following space is checked:
as United States	s Application Serial Numb	per or PCT International Application Number led on (if applicable).
I hereby state the specification, in	nat I have reviewed and un acluding the claims, as am	nderstand the contents of the above-identified ended by any amendment referred to above.
I acknowledge CFR § 1.56.	the duty to disclose inform	nation which is material to patentability as defined in 37
application(s) for which designated identified below	for patent or inventor's cer ed at least one country oth w, by checking the box, an tional application having a	nder 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign tificate, or § 365(a) of any PCT international application ter than the United States, listed below and have also y foreign application for patent or inventor's certificate, a filing date before that of the application on which
Prior Foreign A Number 1. 2.	Application(s): Country	Day/Month/Year Filed

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the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

Application Number 1. 2.	Filing Date	Status: paten	ted, pending, abandoned				
I hereby appoint all the practitioners associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and I direct that all correspondence be addressed to that Customer Number							
Customer Number 020306 Principal attorney or agent: Telephone number: (360) 379 - 6514.	Thomas A. Fairhall, R	eg. No. 34,591					
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
Full name of inventor (given	name, family name):	Dr. Dirk Wi	echmann				
Residence Address: Am G	ermany öslings Siek 4 Bad Essen, Germany		Date:				
Full name of inventor (given	· · · · · ·	Ralf Paehl	Date:				
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	Full name of inventor (given name, family name): Signature Date: Residence: Berlin, Germany Citizenship: Germany Residence Address: Mehringdamm 91 10965 Berlin, Germany		-